

FOR INSTRUCTIONS. SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM

DR-2

(Rev. 07/2004)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

13654

Logged In

Scanned

Computer

DM

Audited

Late reports are subject to
possible civil and criminal
penalties.

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens to Re-Elect Ireland For Mayor

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Steven J. Ireland

Political Party (if applicable)

Office Sought

Mayor, Fort Madison, Ia.

District (if Senate or House)

George H. Shields, Treasurer
SIGNATURE OF PERSON FILING REPORT319-372-8260
TELEPHONEJanuary 12, 2008
DATE SIGNEDI AM FILING A January 17, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

Lee

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount MUST be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 959.19

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

300.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$

1259.19

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1251.11

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must
be zero) (Attach DR-3)

\$ 8.08

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

50.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

2008 JAN 15 AM 9:47

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)*Citizens to Re-Elect Ireland For Mayor***STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
10/29/07	ID# CK#	Mark Pothitakis 1223 S Gear Avenue West Burlington, Ia. 52655		\$ 100 ⁰⁰	<input checked="" type="checkbox"/>
10/31/07	ID# CK# 4623	Nicholas & Carrie A. Pothitakis 54 High Point Fort Madison, Ia. 52627		150 ⁰⁰	<input checked="" type="checkbox"/>
11/04/07	ID# CK# 6430	Craig Ireland 4781 Dingleberry RD. NE Iowa City, Ia. 52240	Brother	50 ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 300⁰⁰

TOTAL (If last page of this schedule)

\$ 300⁰⁰

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 01 of 01
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURESCHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens to Re-Elect Ireland For Mayor

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/30/07	ID# CK# 1005	Dodd Printing & Stationery 621 Avenue G Fort Madison, Ia, 52627	1 Rubber 13-ends	\$ 25 ⁶⁵
10/30/07	ID# CK# 1006	The Daily Democrat 1226 Avenue H Fort Madison, Ia, 52627	Newspaper Ads & Thank You Ad	196 ⁵⁰
10/31/07	ID# CK# 1007	The Hawk Eye 800 So. Main St. Burlington, Ia, 52601	Newspaper Ad, & Thank You Ad.	197 ⁴⁹
11/1/07	ID# CK# 1008	USPS 1000 Black Avenue H Fort Madison, Ia, 52627	Postage for Postcards	533 ⁰⁰
11/6/07	ID# CK# 1009	Central Printing 3028 S. 7th St. Keokuk, Ia, 52632	Post Cards (5 1/2" x 8")	171 ⁹⁹
11/6/07	ID# CK# 1010	USPS 1000 Black Avenue H Fort Madison, Ia, 52627	Postage for Postcards	69.70
11/09/07	ID# CK# 1011	Lee County Auditor 933 Avenue H PO Box 190 Fort Madison, Ia, 52627	Labels for Postcards	24 ⁰⁰
12/6/07	ID# CK# 1012	County Market	4 Backs Stamps	32 ⁸⁰

SUB-TOTAL

\$ 1251.11

TOTAL (if last page of this schedule)

\$ 1251.11

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 01 of 01

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens to Re-Elect Ireland For Mayor

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/30/07	James B. Linker 507 Avenue C Ft Madison, IA 52627		D.J. Services of Judi McFadden	\$ 50.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 50.00

TOTAL (if last
page of this
schedule) \$ 50.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 01 of 01
(for Schedule E)